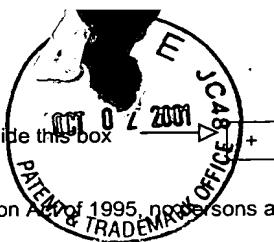


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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)
OR

Attorney Docket Number	17616-856
First Named Inventor	Hugh R. Sharkey
<i>COMPLETE IF KNOWN</i>	
Application Number	09/884,859
Filing Date	June 18, 2001
Group Art Unit	3762
Examiner Name	Unassigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD OF TREATING INTERVERTEBRAL DISC TISSUE EMPLOYING
ATTACHMENT MECHANISM**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

06/18/2001

as United States Application Number or PCT International

Application Number 09/884,859 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

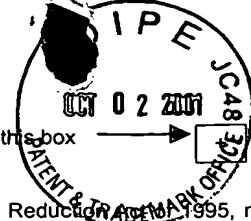
I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/185,221	02/25/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/792,628	February 22, 2001	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

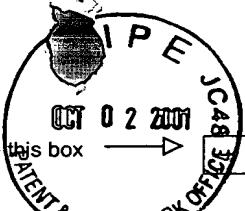
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="text" value="021971"/>	OR <input type="checkbox"/> Correspondence address below				
Name	David J. Weitz						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto		State	CA	ZIP	94304	
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname			
Hugh R.				Sharkey			
Inventor's Signature							Date <input type="text" value="8/17/01"/>
Residence: City	Menlo Park	State	CA	Country	US	Citizenship	US
Post Office Address	3700 Haven Court, Menlo Park, CA 94025						
Post Office Address							
City	Menlo Park	State	CA	ZIP	94025	Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

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PTO/SB/02A (3-97)

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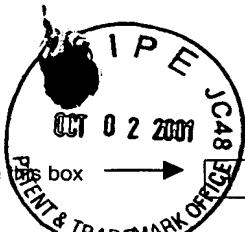
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Surname						
Sepehr		Fariabi						
Inventor's Signature	<i>Sepehr Fariabi</i>						Date	8/23/01
Residence: City	Fremont	State	CA	Country	US	Citizenship	US	
Post Office Address	44241 Topaz Court, Fremont, CA 94539							
Post Office Address								
City	Fremont	State	CA	ZIP	94539	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Surname						
John		Ashley						
Inventor's Signature	<i>John</i>						Date	9/5/01
City	San Francisco	State	CA	Country	US	Citizenship	US	
Post Office Address	184 Burlwood Drive, San Francisco, CA 94127							
Post Office Address								
City	San Francisco	State	CA	ZIP	94127	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Surname						
Joel		Saal						
Inventor's Signature	<i>Joel</i>						Date	9/7/01
City	Portola Valley	State	CA	Country	US	Citizenship	US	
Post Office Address	46 Vista Verde Way, Portola Valley, CA 94028							
Post Office Address								
City	Portola Valley	State	CA	ZIP	94028	Country	US	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Jeffrey		Saal <i>Jeffrey</i>					
Inventor's Signature						Date	<i>9/7/01</i>
Residence: City	Portola Valley	State	CA	Country	US	Citizenship	US
Post Office Address	95 Sausal Drive, Portola Valley, CA 94028						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature						Date	
City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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